

<b>Case Number:</b>	CM15-0099988		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	08/10/2014
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 34 year old male who sustained an industrial injury on 08/10/2014. He reported chronic back pain following an automobile accident. He had neck and back pain at the time following a period of unconsciousness. The injured worker was diagnosed as having low back pain, sciatica, and radiculopathy. Treatment to date has included physical therapy (which was not helpful), medications, a back brace, and a lumbar epidural injection (03/09/2015) with good response. A MRI of 09/05/2014 showed a 4mm left paramedian disc herniation at L5-S1 and a posterior annular tear at L4-5. The MRI also shows degenerative disc disease L4-5 and L5-S1 with a herniated disc seen at L5-S1 on sagittal reconstruction. There is also a small disc at L4-5 with an annular tear. Axial views show a small central disc at L5-S1 with narrowing. Currently, the injured worker complains of lower back pain. He has slow ambulation secondary to pain with limited range of motion. He has adequate extension, 2+ reflexes and limited ability to flex. A request for authorization is made for the following: Bilateral L4-5, L5-S1 facet block x 3.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Bilateral L4-5, L5-S1 facet block x 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Facet joint block.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, bilateral L4 - L5 and L5 - S1 facet joint block times three is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; etc. In this case, the injured workers working diagnoses are low back pain; sciatica; and radiculopathy. The date of injury is August 10, 2014. The request for authorization is dated April 24, 2015. A March 9, 2015 progress note states the treating provider administered a facet joint block L4 - L5 and L5 - S1. According to a March 17, 2015 progress note, the injured worker feels better with less pain. There is no physical examination and the follow-up progress note. According to an April 23, 2015 progress note, there were no subjective complaints or objective findings. There was no concurrent physical therapy provided with the facet joint block March 9, 2015. The treating provider did not quantitate the pain relief nor did the treating provider provide a timeframe of pain relief according to the recommended guidelines. The treating provider requested a series of three facet joint blocks. Subsequent facet joint blocks are determined based on objective functional improvement of the prior facet joint block. There is no documentation demonstrating objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and documentation of objective functional improvement with the facet joint block provided on March 9, 2015, bilateral L4 - L5 and L5 - S1 facet joint block times three is not medically necessary.